

*Morris & Dickson Co., Inc.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-9900  
 SINCE 1841  
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

REMIT TO:  
 E RECEPTION DIAG CORR CNTR  
 2727 HWY K  
 BONNE TERRE, MO 63628  
 (573) 358-4412

CUST. NO. 21727  
 ORD. TYPE 3  
 SHIP VIA 219 OTHER  
 DEPT. NUMBER  
 DEPT. NUMBER  
 INVOICE NO. 6127473  
 DATE 5/09/03  
 PAGE 1

NEA Inc. (HMO) 10/03

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC/UPC	PC	RETAIL	LIST	FROM	COST	G.P. %	C	EXTENSION
661066	1	CT	FLUMAZENIL VL. 5 ML CT/10	BED	55390-0092-10	2		93.750		74.183	49.40		74.18
133389	1	CT	HEPARIN L/F VL 100U 10ML/25	BOS	409-1152-70	2		14.060		11.127	9.15		22.25
050732	1	CT	METHYLENE BLUE VL. 1% 10ML/10	TAY	11098-0504-10	2		60.300		49.702	34.50		99.40
126483	1	CT	POT CHL VL 40MEQ 20ML/25	HOS	409-6653-05	2		14.380		11.375	8.10		79.63
124313	1	CS	SOD CHL 9% 1000ML/12 BAG	BOS	409-7983-09	2		20.400		16.141			16.14
123463	1	CS	WATER IRR STR 1000ML/12 BOT	HOS	409-7139-09	2		26.100		20.651			20.65

*This invoice replaces inv. #8123833*

**RINGO-42**

FORM 5. MFG ANNOTATION  
 1 = CONTAINER  
 2 = EXPIRATION DATE  
 3 = LOT NO.  
 4 = EXPIRATION DATE  
 5 = EXPIRATION DATE  
 6 = EXPIRATION DATE  
 7 = EXPIRATION DATE  
 8 = EXPIRATION DATE  
 9 = EXPIRATION DATE  
 10 = EXPIRATION DATE

GROSS TOTAL 328.68  
 NET TOTAL 312.25

Pay by 5/9/03 and Deduct 16.43

TOTAL TAX 312.25  
 NET AMOUNT 312.25

MAY-12-2008 MON 11:49 AM MORRIS DICKSON-HOCTI, REC. FAX NO. 7985281

*Thomas & D. Williams Co. S.F.C.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900  
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

S	E RECEPTION DIAG CORR CNTR	B	E RECEPTION DIAG CORR CNTR
H	2727 HWY K	I	2727 HWY K
I	BONNE TERRE, MO	L	BONNE TERRE, MO
P	(573) 358-4412	L	63628
T		O	
O			

CUST. NO. 21727	DEA REG. NO. BE6051700	INVOICE NO. 8124547
ORD. TYPE 3	P.O. NUMBER	DATE 5/07/08
SHIP VIA 219 M & D	DEPT. NUMBER	PAGE 1

DEA No. RA00314790

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC / UPC	PG	RETAIL	LIST	PROMO %	COST	G.P. %	C	EXTENSION
361188	2	CT	MIDAZOLAM VL5MG/ML 1ML/10	BAX	10019-0027-01	4		15.630		12.364			24.73
061754	7	CS	PENTOTHAL. RIM SRN 500MG/25LIT	HOS	409-3353-01	4		540.940		428.033			2996.23

COPY

RINGO-43

PC - Price Change  
 POMO % - Mfg Promotion Disc  
 Contract Item  
 G = Group  
 I = Individual  
 M = Mfg  
 V = Point  
 D = DS  
 P = PMS

\* C15 = Drug Class  
 2 = Prescriptions  
 4 = Schedule 4-5  
 5 = LA Only  
 6 = Schedule 3  
 8 = Schedule 2

112% SERVICE CHARGE (8% PER A. ON PAST DUE ACCOUNTS)

GROSS TOTAL 3179.95

Pay by 6/06/08 and Deduct 158.99

TOTAL TAX 3020.96  
 NET AMOUNT 3020.96

REMIT TO:  
P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

ACK # 80073 63628

DEA NO. RM0314790

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*Thomas & D. Williams Co., L.P.C.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900  
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

S	E RECEPTION DIAG CORR CNTR	B	E RECEPTION DIAG CORR CNTR
H	2727 HWY K	I	P.O. BOX 236
P	BONNE TERRE, MO	L	JEFFERSON CITY, MO
T	(573) 358-4412		65102
O			ACK # 52844

CUST NO.	21727	DEA REG. NO.	BE6051700	INVOICE NO.	9125332
ORD. TYPE	3	P.O. NUMBER	92200616	DATE	5/27/09
SHIP VIA		DEPT. NUMBER		PAGE	
219 M & D		MODEPtoCort		1	

DEA NO. RM0314790

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC/UPC	PC	RETAIL	LIST	PROMO %	COST	G.P. %	C	EXTENSION
502559	1	EA	DIAZEPAM TAB 5 MG 100UD	UDL	51079-0285-20		4	32.140		5.388		G	5.39
407395	2	EA	HALOPERIDOL VISMG/ML 10ML	BED	55390-0147-01		2	26.250		11.821		G	23.64
133389	2	CT	HEPARIN L/P VL 100U 10ML/25	HOS	409-1152-70		2	17.190		12.314		G	24.63
573865	1	CT	LIDOCAINE MDV 1% 50ML/25	HOS	409-4276-02		2	68.440		21.426		G	21.43
050732	2	CT	METHYLENE BLUE VL 1% 10ML/10	TAY	11098-0504-10		2	60.300		34.360		G	68.72
361188	2	CT	MIDAZOLAM VISMG/ML 1ML/10	BAX	10019-0027-01		4	12.500		9.851		G	19.70
344537	3	CT	PANCURONIUM MDV 1MG/ML 10ML/25	HOS	409-4646-01		2	51.880		40.695		G	121.91
666149	3	CS	PENICOTHAL COMBO PAK 1GM 50ML.25	HOS	409-6431-02	*	4	743.130		585.642		G	1756.93
126482	2	CT	POT CHL VL 40MEQ 20ML/25	HOS	409-6653-05		2	16.560		8.373		G	16.75
124313	2	GS	SOD CHL .9% 1000ML/12 BAG	HOS	409-7983-09		2	20.400		16.076		G	32.15

MAILED  
 6/3/09

COPY

\*AC - Price Change  
 Promo % - Mfg Promotion Disc  
 C = Contract Item  
 G = Group  
 I = Individual  
 M = MAD  
 V = F  
 D = L  
 R = PHS

\*CLS = Drug Class  
 2 = prescriptions  
 4 = Schedule 4.5  
 5 = L.A. Only  
 6 = Schedule 3  
 8 = Schedule 2

GROSS TOTAL 2201.31  
 1.12% SERVICE CHARGE (18% PER JHM ON PAST DUE ACCOUNTS)  
 110.06  
 TOTAL TAX 2091.25  
 NET AMOUNT 2091.25

Pay by 6/26/09 and Deduct

2091.25

RINGO-71



219  
1  
B2A

DEA No. RM0314794

ITEM	QTY	UNIT	DESCRIPTION	MEG	NDC-UPC	RETAIL	UNIT	COST	QTY	EXTENSION
666149	1	CS	PENTOTHAL COMBO PAK 1GM 50ML25	HOS	409-6431-02 *		743.130	585.642		585.64
341537			1mg 10/ml 25 Pancuronium Bromide		cc409-4040-01			40.604		

RINGO-77

**RINGO-77**

*Morris & Dickinson Co., Inc.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900

P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

REMIT TO:

S	E RECEPTION DIAG CORR CNTR	B	E RECEPTION DIAG CORR CNTR
H	2727 HWY K	I	P.O. BOX 236
P	BONNE TERRE, MO	L	JEFFERSON CITY, MO
T	(573) 358-4412	T	65102
O		O	ACK # 52844

CUST. NO.	DEA REG. NO.	INVOICE NO.
21727	BE6051700	9125332
ORD. TYPE	P.O. NUMBER	DATE
3	92200616	5/27/09
SHIP VIA	DEPT. NUMBER	PAGE
219 M & D	MODEPtoCorr	1

DEA No. RM0314790

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC / UPC	PC	RETAIL	LIST	Promo %	COST	G.P. %	C	EXTENSION
502559	1	EA	DIAZEPAM TAB 5 MG 100UD	UDL	51079-0285-20	4		32.140		5.388	G		5.39
407395	2	EA	HALOPERIDOL VISMG/ML 10ML	BED	55390-0147-01	2		26.250		11.821	G		23.64
133389	2	CT	HEPARIN L/P VL 100U 10ML/25	HOS	409-1152-70	2		17.190		12.314	G		24.63
573865	1	CT	LIDOCAINE MDV 1% 50ML/25	HOS	409-4276-02	2		68.440		21.426	G		21.43
050732	2	CT	METHYLENE BLUE VL 1% 10ML/10	TRAY	11098-0504-10	2		60.300		34.360	G		68.72
361188	2	CT	MIDAZOLAM VISMG/ML 1ML/10	BAX	10019-0027-01	4		12.500		9.851	G		19.70
341537	3	CT	PANCROTONUM MDV 1MG/ML 10ML/25	HOS	409-4646-01	2		51.880		40.635	G		121.91
666149	3	CS	PENTOTHAL COMBO PAK 1GM 50ML/25	HOS	409-6431-02	4		743.130		585.642	G		1756.93
126482	2	CT	POT CHL VL 40MEQ 20ML/25	HOS	409-6653-05	2		16.560		8.373	G		16.75
124313	2	CS	SOD CHL 9% 1000ML/12 BAG	HOS	409-7983-09	2		20.400		16.076	G		32.15

MAILED  
Per 6/3/09

COPY

PC - Price Change Promo % - Mfg Promotion Disc. C - Contract Item G - Group V - Prime Vendor R - Reserve	* C.S. = Drug Class 2 = prescriptions 4 = Schedule 4-5 5 = LA Only 6 = Schedule 3 R = Schedule 2	GROSS TOTAL 2201.31 PAY BY 6/26/09 and Deduct 110.06 NET AMOUNT 2091.25
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*Morris & Williams P.C., S.C.P.C.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900  
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

S	E RECEPTION DIAG CORR CNTR	B	E RECEPTION DIAG CORR CNTR
H	2727 HWY K	I	2727 HWY K
I	BONNE TERRE, MO	L	BONNE TERRE, MO
P	(573) 358-4412	L	63628
T		T	
O			ACK # 80652

CUST NO	DEA REG NO	INVOICE NO
21727	BR6051700	8934123
ORD TYPE	P.O. NUMBER	DATE
3	92200520	3/17/09
SHIP VIA	DEPT NUMBER	PAGE
219 M & D		1

DEA No. RM0314790

ITEM	QTY	UNIT	DESCRIPTION	WFG	INDG / UPC	RETAIL	EXT	PROV	COST	GP	EXTENSION
666149	1	CS	PENTOTHAL COMBO PAK 1GM 50ML25	HOS	409-6431-02 *	743.130			585.642		585.64
341537			Pancuronium Bromide 1mg 10/ml 25		00409-4646-01				40.64		

Price Change

\* CLS = Drug Class  
 2 = prescriptions  
 4 = Schedule 4-5  
 5 = LA Only  
 6 = Schedule 3  
 8 = Schedule 2

1 1/2% SERVICE CHARGE (18% PER ALA. ON PAST DUE ACCOUNTS)

GROSS TOTAL	616.46
Pay by	4/16/09 and Deduct
NET AMOUNT	585.64



10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900  
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

S H E RECEPTION DIAG CORR CNTR  
 I 2727 HWY K  
 P BONNE TERRE, MO  
 T (573) 358-4412  
 O 63628

B E RECEPTION DIAG CORR CNTR  
 L 2727 HWY K  
 L BONNE TERRE, MO  
 T 63628  
 D ACK # 80652

CUST NO 21727	DEA REG. NO BE6051700	INVOICE NO 8934123
ORD TYPE 3	P.O. NUMBER 92200520	DATE 3/17/09
SHIP VIA 219 M & D	DEPT NUMBER	PAGE

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC/RFC	RETAIL	LIST	COST	GP %	EXTENS
666149	1	CS	PENTOTHAL COMBO PAK 1GM 50ML25	HOS	409-6431-02	743.130	585.642			585.64

C - Price Change  
 V - Prime Vendor  
 D - DSHIP  
 P - PHS

GROSS TOTAL 616.46

Pay by 4/16/09 and Deduct 30.82

TOTAL TAX 585.64  
 NET AMOUNT 585.64



*Thomas D. Dickson Esq. J.D.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900

P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

REMIT TO:

S H I P  
E RECEPTION DIAG CORR CNTR  
2727 HWY K  
BONNE TERRE, MO 63628  
(573) 358-4412

B I L L  
E RECEPTION DIAG CORR CNTR  
P.O. BOX 236  
JEFFERSON CITY, MO 65102  
ACK # 13592

CUST. NO. 21727	DEA REG. NO. BE6051700	INVOICE NO. 8127473
ORD. TYPE 3	P.O. NUMBER	DATE 5/09/09
SHIP VIA 219 OTHER	DEPT. NUMBER	PAGE 1

DEC. ITO. RH0314753

ITEM	QTY	UNIT	DESCRIPTION	MFG.	NDC / UPC	PC	1	5	RETAIL	LIST	PROMO %	COST	G.P. %	C	EXTENSION
661066	1	CT	FLUMAZENIL VL 5 ML	CT/10	55390-0092-14	2				93.750		74.183	49.46		74.18
133389	1	CT	HEPARIN L/F VL 100U	HOS	409-1152-70	2				14.060		11.127	9.15		22.25
050732	1	CT	METHYLENE BLUE VL 1%	TAX	11098-0504-10	2				60.300		49.702	34.50		99.40
126482	1	CT	POT CHL VL 40MEQ 20ML/25	HOS	409-6653-05	2				14.380		11.375	8.14		79.63
124313	1	CS	SOD CHL .9% 1000ML/12 BAG	BOS	409-7983-09	2				20.400		16.141			16.14
123463	1	CS	WATER IRR STR 1000ML/12 BOT	HOS	409-7139-09	2				26.100		20.651			20.65

*This invoice represents inv. # 8123833*

FORM 3 - 1475 Prescription Rec C - Customer Item G - Group I - Invoice N - NID	R - PRICE VENDOR D - GROUP P - PAYE	* 1.5 - Gross Price 2 - INSTRUCTIONS 3 - SHIPMENT 5 - L.A. DAY 6 - SERVICE 9 - SERVICE 2
GROSS TOTAL 328.66		NET AMOUNT 312.25
TAX .00		
TOTAL 328.66		
PAY BY 5/6/09		
10% SERVICE CHARGE (PER PAYE)		
PAST DUE ACCOUNTS		
16.43		

Ringo - 52

*Morris & Williams Co. S.I.C.*

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900  
 SINCE 1841  
 REMIT TO:  
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

S	E RECEPTION DIAG CORR CNTR	B	E RECEPTION DIAG CORR CNTR
H	2727 HWY K	I	2727 HWY K
I	BONNE TERRE, MO	L	BONNE TERRE, MO
P	(573) 358-4412	L	63628
T		T	
O			ACK # 09872

CUST. NO.	DEA REG. NO.	INVOICE NO.
21727	BE6051700	8124547
ORD. TYPE	P.O. NUMBER	DATE
3		5/07/08
SHIP VIA	DEPT. NUMBER	PAGE
219 M & I		1

DEA No. RM031720

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDG / UFG	PC	RETAIL	LIST	COST	G.P. %	C	EXTENSION
361188	2	CT	MIDAZOLAM VL5MG/ML 1ML/10	BAX	10019-0027-01	4		15.630	12.364			24.13
061754		CS	PENTOTHAL REM SRN 500MG/25ML	HOS	409-3953-001	4		540.940	428.033			2996

COPY

PC - Price Change  
 Promo % - Mfg Promotion Disc  
 C - Contract Item  
 G - Group  
 I - Individual  
 AI - AKD  
 V - Point  
 D - DS  
 P - PHS

\* CLS = Drug Class  
 2 = prescriptions  
 4 = Schedule 4-5  
 5 = LA Only  
 6 = Schedule 3  
 8 = Schedule 2

1 1/2% SERVICE CHARGE (18% PER A)

GROSS TOTAL	3179.95
ON PAST DUE ACCOUNTS	
Pay by 6/06/08 and Deduct	
158.99	
TOTAL TAX	3020.96
NET AMOUNT	3020.96